

# Team Temecula Wrestler Contract

## 2019-20 Season/Year

### Section I

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip

**No Candidate will be permitted to participate in any activity until this form has been completed IN FULL.**

Wrestler/Parent will faithfully keep and abide by the following rules, and carry them out to the best of their abilities.

1. I will not disrupt or interfere with practices and / or official bouts.
2. I solemnly pledge that I will not in any way damage, or deface property, building or equipment.
3. I agree to abide by all decisions of bout officials and will not create any unsportsmanlike gestures at any time.
4. I agree that I will be a gentleman/lady at all times and I will refrain from using foul language.
5. I agree to return upon request; the uniform and other equipment issued to me in as good a condition as when received except for normal wear and tear.
6. I/We agree to be financially responsible for **Temecula Valley Wrestling** equipment issued to applicant other than the normal wear and tear during practices/bouts and I/We will reimburse **Temecula Valley Wrestling** for the loss and damage to said equipment, fee of up to \$40.00 may be assessed on non-returned or damaged equipment.

We, Team Temecula, as a private club reserve the right to dismiss any participant who does not adhere to the above rules of conduct and reserve the option to return the refund for membership.

X \_\_\_\_\_  
**Parent/Guardian Signature Date**

X \_\_\_\_\_  
**Candidate's Signature Date**

### SECTION II

#### WAIVER AND RELEASE AGREEMENT

In consideration of my dependant minor being allowed to participate in any way, including travel to and from, any wrestling event or related activity of USA Wrestling, California Age Group wrestling Association (IEWA), **TEAM TEMECULA**, or any USA club, I hereby:

1. Agree that prior to allowing my dependant minor to participate, I will inspect the facilities, equipment, competition pools, age and weight division. If I believe anything is unsafe beyond the capability of my dependant minor, I will immediately notify the event director and withdraw my dependant minor from any further participation until the condition(s) is rectified to my satisfaction.
2. Acknowledge and fully understand that my dependant minor will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from his /her own actions, inactions or negligence, but also the actions, inactions or negligence of others, the rules of play, or the condition of the premises, or of the equipment used. Further, that there may be other risks not known to me or not foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for any and all damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue, or bring any legal action, including judicial review and/or arbitration proceedings against USA Wrestling, its affiliated clubs, their respective administrators, directors, officials, agents, coaches, employees, or volunteers, other participants, sponsors or sponsoring agencies, advertisers, promoters, and if applicable owners and/or tenants of the premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to my dependant minor, myself, my heirs, next of kin, or assigns, for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of one or more of the releases.
5. Understand that I am giving up substantial constitutional rights for myself, my dependant minor, my heirs, next of kin and assigns, and knowing this, I sign the Waiver Agreement knowing the risks involved, and do sign entirely of my own free will.

X \_\_\_\_\_  
**Parent/Guardian Name Print Date**

X \_\_\_\_\_  
**Parent/Guardian Signature Date**

X \_\_\_\_\_  
**Parent/Guardian Name Print Date**

X \_\_\_\_\_  
**Parent/Guardian Signature Date**

### SECTION III

#### EMERGENCY CONTACTS

**IN CASE OF EMERGENCY, NEAREST RELATIVE OR NEIGHBOR TO CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### SECTION IV

#### AUTHORIZED CLUB OFFICIAL ONLY

I certify that this contract was completed in full prior to this candidate's participation in any of the club's activities.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

# USA Wrestling

## Medical History Questionnaire

Please print clearly.

Wrestler's Name: \_\_\_\_\_ USA Card # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_

PLEASE CIRCLE THE CORRECT ANSWER ALL INFORMATION WILL BE CONFIDENTIAL

Yes No 1. Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.) If so, please indicate what medication(s)

\_\_\_\_\_

Yes No 2. Are you now on any prescribed medication on a permanent or semi-permanent basis? If so, please indicate the name of the medication and why it was prescribed.

\_\_\_\_\_

Yes No 3. Have you ever had an epileptic seizure or been informed that you might have epilepsy? \_\_\_\_\_

Yes No 4. Have you ever been treated for diabetes? If so, please indicate the type(s) of insulin or pills you use. \_\_\_\_\_

Yes No 5. Has a medical doctor ever told you that you were anemic or had sickle cell anemia?

Yes No 6. Do you have or have ever had high blood pressure? If so, list any medication for it that you take regularly.

\_\_\_\_\_

Yes No 7. Do you have or have you ever had any of the following diseases? If so, please circle the appropriate ones.

Heart Disease (rheumatic fever)    Liver disease (hepatitis)  
Kidney disease (infections)        Lung disease (pneumonia)

Yes No 8. Have you ever been informed by a medical doctor that you have asthma? If so, what medications, if any, do you take regularly?

\_\_\_\_\_

Yes No 9. Do you presently have an unrepaired hernia?

- Yes No 10. Have you ever been “knocked out” or experienced a concussion during the past 3 years? If so, give the dates of each.**
- 
- Yes No 11. If the answer to number 10 is “yes” did the attending physician have you stay overnight in a hospital? If yes, give the dates of each.**
- 
- Yes No 12. Have you ever had an injury to your neck involving nerves, vertebrae (bones), or discs that incapacitated you for a week or longer? If yes, give the dates of each injury.**
- 
- Yes No 13. Do you wear any dental appliance? If yes, circle the appropriate appliance:**
- |                           |                                  |
|---------------------------|----------------------------------|
| <b>Permanent Bridge</b>   | <b>Permanent crown or jacket</b> |
| <b>Braces full plate</b>  | <b>Removable partial plates</b>  |
| <b>Permanent retainer</b> | <b>Removable retainer</b>        |
- Yes No 14. Do you wear contact lenses during competition?**
- Yes No 15. Have you had a fracture during the past 2 years? If yes, indicate which bone was broken and the date it happened.**
- 
- Yes No 16. Have you had a shoulder dislocation, separation, or other shoulder injury in the past 2 years that incapacitated you for a week or longer? If so, give the dates of the injury.**
- 
- Yes No 17. Have you ever had surgery to correct a shoulder condition? If so, give the dates and what was done.**
- 
- Yes No 18. Have you ever had injury to your back?**
- Yes No 19. Do you experience pain in your back? If yes, indicate frequency:**
- |                               |                           |                   |
|-------------------------------|---------------------------|-------------------|
| <b>Seldom</b>                 | <b>Occasionally</b>       | <b>Frequently</b> |
| <b>With vigorous exercise</b> | <b>With heavy lifting</b> |                   |
- Yes No 20. Have you injured your knee during the past 2 years with severe swelling as result?**
- Yes No 21. Have you ever been told that you injured the ligaments and/or cartilage of either knee?**
- Yes No 22. Have you ever been advised to have surgery been completed?  
Date: \_\_\_\_\_**

**Yes No 22. Have you ever been advised to have surgery to correct a knee problem?**

**Yes No 23. If the answer to No. 22 is yes, has the surgery been completed? Date:\_\_\_\_\_**

**Yes No 24. Have you experienced a severe sprain of either ankle in the past 2 years?**

**Yes No 25. Have you had any injure to you foot or toes in the past 2 years. If yes, explain. \_\_\_\_\_**

**Yes No 26. Do you have any chronic conditions that have not been mentioned above? If so, explain:  
\_\_\_\_\_  
\_\_\_\_\_**

**The questions on this form have been answered completely and truthfully to the best of my knowledge.**

**Wrestler's Signature \_\_\_\_\_**

**Date:\_\_\_\_\_**

**Parent/Guardian Signature \_\_\_\_\_**

**Date:\_\_\_\_\_**